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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/050,219	Confirmation No.:	6395
Applicant	:	SUNDAR et al.		
Filed	:	January 14, 2002		
TC/A.U.	:	1762		
Examiner	:	CHEN, Bret P.		
Docket No.	:	PA905		
Customer No.	:	28390		
Title	:	Stent, Delivery System, Devices, and Method for Coating		

Mail Stop AMENDMENT
Commissioner for Patents
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Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT (CFR 1.121)

Sir:

In response to the Office Action mailed March 22, 2005, please amend the above-identified application as set forth below.

Amendments to the Specification begin on page two (2) of this paper.

Remarks/Arguments begin on page three (3) of this paper.

An **Appendix** including amended Abstract is attached as page four (4) of this paper.



1FW 1762

PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/050,219
	Filing Date	January 14, 2002
	First Named Inventor	SUNDAR et al.
	Art Unit	1762
	Examiner Name	CHEN, Bret P.
Total Number of Pages in This Submission	Attorney Docket Number	PA905

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	Alan M. Krubiner		
Date	March 31, 2005	Reg. No.	26,289

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Signature			
Typed or printed name	Kimberly Melvin	Date	March 31, 2005

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